**Review of the Positive Behaviour, Autism, Learning Disability Mental Health Service (PALMS) Hertfordshire Community Trust (HCT)**

A review of PALMS conducted by the Integrated Health & Care Commissioning Team (on behalf of E&N Herts CCG, Herts Valleys CCG & Hertfordshire County Council) and the University of Kent, Tizard Centre (Dr Peter Baker) March 2017

Integrated Health & Care Commissioning Team

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**GLOSSARY**

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| **Abbreviation** | **Definition** |
| **ADHD** | Attention Deficit Hyperactivity Disorder |
| **ASD** | Autistic Spectrum Disorder |
| **CAMHS** | Child and Adolescent Mental Health Services |
| **CBF** | Challenging Behaviour Foundation |
| **CBPS** | Challenging Behaviour Psychology Service |
| **CCG** | Clinical Commissioning Group |
| **CTR** | Care and Treatment Review |
| **DNA** | Did Not Attend |
| **HCC** | Hertfordshire County Council |
| **HCT** | Hertfordshire Community NHS Trust |
| **HPFT** | Hertfordshire Partnership NHS Foundation Trust |
| **IBQ** | Impact of Behaviour Questionnaire |
| **IHCCT** | Integrated Health and Care Commissioning Team |
| **LD** | Learning Disabilities |
| **PALMS** | Positive Behaviour Autism Learning Disability Mental Health Service |
| **RCADS** | Revised Children's Anxiety and Depression Scale |
| **SDQ** | Strengths and Difficulties Questionnaire |
| **SLDOM** | Sheffield Learning Disabilities Outcome Measures |
| **TCP** | Transforming Care Partnership |

1. **Introduction:**

1.1 The Integrated Health and Care Commissioning Team (IHCCT) commission Child and Adolescent Mental Health Services on behalf of Hertfordshire County Council, Herts Valleys CCG and East and North Herts CCG. This includes the PALMS service for Children and Young people with Autistic Spectrum Disorder and/or Learning Disabilities with mental health issues or behaviour that challenges.

1.2 Hertfordshire Community NHS Trust (HCT) were awarded the contract for mental health and challenging behaviour services for children and young people with Autistic Spectrum Disorder/Learning Disabilities at the end of 2014. The new service commenced on the 1st April 2015 and had been operational for 16 months at the commencement of the review (July 2016).

1.3 HCT is the main provider recruiting the majority of staff. Hertfordshire Partnership Foundation University Trust (HPFT) provides psychiatry and medical supervision. ADD-Vance (a Hertfordshire charity who support children with Autism) co-facilitates the first intervention workshop for parents and carers.

1.4 **P**ositive behaviour **A**utism **L**earning disability **M**ental Health **S**ervice (PALMS) provide integrated mental health and challenging behaviour support to families with children with a learning disability or Autistic Spectrum Disorder.

1.5 The service is commissioned to deliver the following Health and Wellbeing priorities:

* Fulfilling lives for people with learning disabilities.
* Enhancing quality of life for people with long term conditions.
* Supporting carers to care.
* Helping all families to thrive.
* Improving mental health and emotional wellbeing.

1.6 Additionally the following local priorities were agreed:

* Improve clinical outcomes and patient experience.
* Tailor healthcare to meet individual’s needs.
* Reduce the numbers of Children Looked After (CLA) within Hertfordshire.
* Ensure a positive childhood by delivering services in a timely manner to families in crisis to offer the right support at the right time.
* Increase the number of children who are able to have their needs met locally.
  1. The total amount of joint investment by East and North Herts CCG, Herts Valleys CCG and Hertfordshire County Council is £1,391,768. This was an increase in investment of £850,000 over and above the funding from the previous service model.
  2. The service is currently commissioned to deliver an indicative activity caseload level of 500-600 families per year.

1. **Purpose of Review**

The review is intended to assess the outcomes of the service since it has been in operation and to make recommendations for future delivery.

2.1 **Components of the Review**

The review considered the following:

2.2 Assessment of how the service is delivering against the service specification:

* + To provide improved and timely access to provision
  + To provide high quality services
  + Improved outcomes for families
  + Improve the use of resources

2.3 Consider the experiences of Children and Young People and their families and to what extent the service has made a positive difference to the people accessing it.

2.4 To gather stakeholder views on the service and their experience of it

2.5 To consider whether, in light of the CAMHS transformation programme, the service specification should be amended. This will require consideration of the wider review of current pathways.

2.6 Make recommendations based on the outcomes of the review

1. **Methodology:**

* Analysis of service data and discharge audit
* 24 Structured interviews with professionals (face to face and telephone)
* Parent/carer focus group and telephone interviews (Carers in Herts)
* Online survey for Parent/carers (46 returns)
* On-line feedback relating to wait times conducted by ADD-VANCE targeting parent carers (67 returns)
* Online survey for Professionals (78 returns)
* Review of the PALMS Service model and national good practice (Dr Peter Baker, Tizard Centre, University of Kent)

1. **Current pressures within PALMS**

4.1 Due to staff vacancies there are currently pressures in managing new referrals into the service with a backlog of CYP and families waiting for an initial assessment. This is partly due to a national shortage of mental health workers and challenges recruiting across the system within Hertfordshire and in surrounding counties. PALMS also inherited the Challenging Behaviour Psychology Service (CBPS), HCT and Harper House (HPFT) caseload and therefore the service started with over half the annual commissioned CYP numbers.

PALMS also had a number of staff leave in a relatively short period of time. As a result only 42% of posts were filled on a permanent basis in December 2016. There has been active recruitment to these vacancies:

* 58.6% staffing in post January 2017 following successful recruitment
* 73.8% staffing in post end March 2017 following successful recruitment
* Interim staff are also in place and additional staff are being sought to cover gaps.

4.2 At the time of the tender, demand regarding the number of CYP that would benefit from PALMS was unknown. Commissioning a unique service such as PALMS meant that there were very few similar services to benchmark against and accurately predict the number of CYP requiring the service.

4.3 Recruitment has been a significant challenge from the outset, particularly for some key posts such as the Learning Disability Nurse Post and Clinical Psychology. This has had an impact on the service capacity to meet the demand and the access timeframes within the specification.

4.4 One year in, the service undertook an internal review to ensure needs were being met. As a result a service restructure took place in September 2016 increasing the skill mix within the team in specific areas namely 1 WTE additional systemic therapist and the introduction of Positive Behavioural Analysts, Outreach Workers, A Duty and Triage worker, a Play Therapist and a Development Lead. The overall increase in clinical WTE as a result of these changes is 2.5 WTE.

4.5 Current activity levels are higher than the commissioned capacity of 500 – 600 CYP being seen in a year:

* Average referral rates per month 73 (equivalent to 876 a year)
* The current waiting list for Initial Assessment is 159
* The current caseload is 622

1. **Activity levels of the service: (Appendix 2)**

5.1 **PALMS started with the caseloads that were inherited from both CBPS and Harper House**

Since the commencement of the service on 1st April, 2015 PALMSreceived a total of **850 referrals** of which **553 (65% of total) were accepted** to the service (2015/16). The service was therefore accepting on average **46 referrals per month.**

5.2 In 2016/17 (from April-November 2016) the service received a total of **601 referrals** of which **393 (69% of total)** were accepted to the service. The service is therefore accepting on average **49 referrals per month.** The **current active caseload is 614** including CYP awaiting treatment following an IA

5.3Workshops: the first intervention step for the majority of PALMS’ families

**45 workshops were delivered in 2015/16 which 206 families attended**. In the current year (April- November 2016), **21 workshops were delivered which** **127 families have attended.** Quality Monitoring data and reports received by Commissioners give evidence of positive feedback in the evaluation of outcomes from families. The ‘messages of hope’ in particular evidences high levels of satisfaction from families, parents and carers **(Appendix 4)**

5.4 DNA rates varied from 6.3% to 10.3% and on the whole are relatively low. The fact that the service is largely one that delivers interventions in the family home is positive in impacting on lower levels of DNA and higher rates of engagement.

5.5 Discharges

In 2015/16 **550** CYP/families were discharged from PALMS. In the current year (April-November 2016), there have been **464** CYP/families discharged from the service.

5.6 Complaints and Compliments

In 2015/16 there were 5 complaints and 152 compliments. In 2016/17 the service has received a total of 3 complaints and 111 compliments (up to Q3).

5.7Timescales (access to provision)

The timescales in the PALMS service specification are:

* Respond to referrals within one week indicating whether the referral is appropriate
* Timely provision of support (28 (twenty eight days) to assessment start)
* From final assessment appointment no more than 14 days will elapse to start of treatment

When the service commenced it had started to meet the access timescales within the specification. This has always been a challenge for the service and since the increasing demand it has not met the access timescales, with the exception of response time to referrals, where all referrals to the service were triaged within the one week timescale. The review conducted by the Tizard centre has highlighted the need to review the current timescales, as it isn’t appropriate to have the same timescales as CAMHS provision, since this cohort of CYP are likely to be more complex and require a different type of service.

5.8Crisis interventions (intensive pathway):

In 2015/16 PALMS delivered its intensive pathway to 22 Children and Young people.

In the first year of its operation PALMS identified that they had prevented 8 CYP from having to access out of county placements with a potential cost saving of up to £250,000 per out of county placement, hence a potential total saving of £2 million. It is recognised that it was difficult to evidence whether the interventions delivered by PALMS has a direct impact on preventing escalation and potential reduction in out of county placements. The service has been recording this more robustly since October 2016 and to date have identified a further 4 CYP who they have prevented from accessing a tertiary outpatient service and 5 CYP who they have prevented from admission to an inpatient unit or residential setting. There are also robust arrangements in place to ensure that those CYP in tertiary provision are stepped down to PALMS.

Currently there are 27 CYP/families on the intensive/heavy pathway with 5 families receiving intensive support

1. **Transforming Care Programme:**

6.1 The Transforming Care programme requires local areas to develop effective pathways for children with learning disabilities/autism and mental health difficulties and/or who display behaviour that challenges. The programme will only be successful if local pathways are child and family centred, lifelong, and linked to adult pathways and developed in partnership with families.

6.2 The review has highlighted that there is an ***‘urgent need’*** to address early intervention as part of a whole system approach.

6.3Findings from our local Care and Treatment Reviews:

As part of the Transforming Care Programme, the Integrated Health and Care Commissioning Team employs a post which leads on conducting Care and Treatment Reviews for those children and young people/families with LD/Autism/Mental health difficulties and/or behaviour that challenges who are at risk of admission to inpatient beds. Many of these complex CYP will also be known to PALMS. NHS England have recently reported that Hertfordshire rate of admissions is significantly lower than other areas and are interested in the approach that we are taking. This in part has been due to earlier identification of those CYP at risk through conducting Community CTRs and having a community service such as PALMS which is able to offer intensive intervention in the community.

The CTRs have identified the following themes:

* Families were identified as requiring additional support to understand their child’s Autistic Spectrum Disorder and / or ADHD, how this affected them on a daily basis and understanding their child’s communication needs. It was identified that following a diagnosis very little signposting to services and support was provided.
* Families were identified as needing support to rebuild their relationship with their child due to the level of challenging/violent behaviour they had been managing within the family home. Families identified that if they have been provided support regarding managing behaviour that is challenging at an earlier stage they would not have reached crisis point.
* In some cases families were not aware if they had a carer’s assessment or had not been offered an assessment.
* Access to respite care was often an issue; due to young people’s challenging behaviour they were not always able to access respite care.
  + Families also struggled with number of services involved, the amount of professionals they had contact with and the amount of meetings they are expected to attend. The CTR process recommended that families had one worker who would co-ordinate services, meetings and support.
  + Some families reported that the strategies/interventions that PALMS were using with them were not working and at times they needed to review progress and consider alternative interventions.

1. **Discharge Audit:**

7.1 Commissioners conducted a discharge audit with the Clinical Lead for PALMS of 5 cases

7.2 The ages of the CYP varied as follows: ages 5, 9, 13, 15, 18.The length of time in the service varied from 6 months to 20 months.

7.3 Findings from the audit concluded that:

Interventions resulted in reductions in challenging behaviour demonstrated through the outcome measures and reporting from parents. Improved outcomes included:

* Improvement in toileting
* Improvement in feeding
* Family feeling involved with decisions and strategies
* Detailed discharge letters with plans sent to family, GP and referrer
* Young person felt understood by others
* Young person improved engaging in projects and going out
* Improved attendance at school
* Managing anger better
* Mood increased
* More independent
* Reduction in challenging behaviour
* Decrease in self-harming behaviours
* Improvement in access to social and community activities
* Good evidence of multi-agency working and working across settings including schools
* No relapse

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| One CYP was in the service for 20 months and was identified as needing an intensive intervention and was placed on the intensive pathway. The family received 5 weeks intensive support (4 evenings per week), intensive work with the parent/carer. The parent/carer was part of the solution and was upskilled to deliver the same interventions, re-enforcing the same messages. The CYP was successfully discharged from PALMS in August 2016 and has not had a relapse. |

1. **Stakeholder engagement:**

Stakeholder engagement activity involved:

* A focus group of parent/carers facilitated by Carers in Herts (12 parent/carers attended the session).
* Telephone interviews with parent carers (Carers in Herts).
* On-line survey targeting parent carers (46 returns).
* On-line feedback relating to wait times conducted by ADD-VANCE targeting parent carers (67 returns)
* On-line survey targeting professionals (78 returns).
* Face to face meetings with HPCI and ADD-VANCE.
* Structured interviews (face to face and telephone) with 24 staff who work in PALMS (HCT), CAMHS (HPFT) and the Disabled Childrens Team (HCC).

8.1 Focus group (Parent Carers facilitated by Carers in Herts):

Carers in Hertfordshire facilitated a session for parents in July 2016. In total 12 parents attended the session.

8 parents had children attending Special schools and four have children who attend Mainstream schools (one parent whose child attends mainstream had not used the PALMS service). The other 11 parents had accessed PALMS provision, either currently or previously.

The Traffic Light approach was used to structure the discussion about the carers’ experience of PALMS:

**Red – What is not working well and parents would like to STOP**

* Unclear Offer from service
* Mainstream School was not aware of the service
* Waiting lists/transfer from CBPS(Challenging Behaviour Psychology Service)
* Not recognising priority/urgent cases
* Long gap between phone call / appointments when urgent
* Too much expectation of parents
* Not being able to go into school to train/support staff
* Triage not working

**Amber What parents find useful/effective and they would like**

**to KEEP GOING**

* Support from ADD-vance
* Support delivered in the home
* Workshops
* Feeling valued as a parent
* Being seen within 28 days
* Good assessment and timely home visit re school refusal

Green – Parents’ ideas about what should START

* Advice for teachers/staff at school
* Support for Siblings
* More accessible to ADHD/ ODD children
* Common Assessment Framework (CAF)? so school informed of Professional Input
* More Communication between the service and other agencies e.g. school
* Address waiting times, inconsistencies were reported in length of time to intervention
* Being clear on who you see and why from service e.g. Play Therapist or Psychologist
* Clear criteria for service and clear explanation of what service can offer
* 1 to 1 work directly with child
* Need to recognise PDA (Pathological Demand Avoidance)
* Help with better Autism awareness
* Leaflet/information about the PALMS service for parents
* Involvement of parents in how things are done – whole family approach
* Pro-active service – should prompt who you need to see within service
* Parent Forum to provide a Critical Friend input into the monitoring of the service.

Carers in Herts conducted 3 telephone interviews with parent/carers who were unable to attend the focus group but wanted to give their views and experience of PALMS. The majority of the feedback was negative, highlighting in the main, the length of time to receiving support; did not find the workshop helpful and needed additional strategies to support their CYP; did not receive the appropriate support when their CYP was in crisis.

8.2 Online Surveys:

Professionals survey

There were 78 returns from the online survey from a range of professionals

The key themes from the survey indicated:

Access to PALMS:

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| **Quotes from professionals:**  *‘Some of our families need support and it seems difficult to meet thresholds’*  *‘It takes a while, and repeated referrals to access PALMS support’* |

Access to PALMS was described as difficult for referrers and frustration at not having their referral accepted was recited on numerous occasions. There was a lack of clarity on the criteria and confusion between CAMHS and PALMS and other providers within the CAMHS system which meant that families and referrers were experiencing problems of bouncing between providers leading to dissatisfaction. Nearly 40% of referrals do not meet the criteria for PALMS meaning that there is a considerable level of unmet need. Furthermore there are gaps in provision for earlier intervention and a lack of clarity of the pathway which could support this cohort of families and CYP.

Inconsistency in length of time to access treatment:

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| **‘***too long a wait and not quite sure of the referral process’*  *‘The frustration felt when families in crisis are bounced between Step 2, PALMS and CAMHS with each service claiming that they are not the right service!  Much clearer referral criteria are needed’*  *‘PALMS quickly assess the needs of the family and put positive support and strategies into place to ensure the family receive the most effective support. The service also keeps the person who made the referral up to date’* |

There were very mixed responses to the length of time reported to access provision. Many of the responses highlighted rapid response for triage and access to treatment in a timely manner, whilst others reported delays in the system. The delays may be related to those who have more recently been referred to the service, where due to capacity there are current pressures and delays to initial assessment and treatment.

Specialist knowledge and expertise of PALMS:

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| *‘The fact that they work in the home. As an educator is not something I am able to do. Having a professional that can work with the child and the whole family in the home setting is invaluable’*  *‘It's critical support for families and children at breaking point’*  *‘Caring, knowledgeable and professional practitioners who can make a real difference to parents and their children’.* |

Many professionals highlighted that when CYP were accepted into PALMS, the service was good and provided interventions with positive outcomes. Professionals were keen to access the expertise knowledge and skills of the PALMS team. Schools in particular wanted to access PALMS expertise to support this cohort of CYP.

Confused pathways between PALMS and CAMHS

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| *The "reasonable adjustments" criteria is tricky - at CAMHS we do not necessarily have the resources or expertise that PALMS assume we do in working with children with autism and/or learning difficulties. Sometimes it feels like we have to prove that we can't do it before they'll accept a referral, rather than taking our word for it. This is to the detriment of the child.*  *One neurodevelopmental service for young people with LD/ASD etc. plus MH problems would be much more effective both for the young people and for the provision.*  *They also do not do first diagnosis and consequently we have CYP waiting for a year or more for externally commissioned assessments* |

One of the key concerns from professionals was that criteria were not clearly understood, hence CAMHS staff often found it difficult to establish which CYP could access PALMS? through making reasonable adjustments.

Access to Primary diagnosis for Autism

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| *Increase capacity and staff to take on more neurodevelopmental work and do 1st assessment ASD* |

A significant proportion of the returns reported the delay in the pathway to access a diagnosis for Autism and the lack of support that was available for families following a diagnosis or pre-diagnosis.

**8.3 Parent/Carer survey**

In total we received 46 returns from parent/carers. The key broad themes from the survey indicated:

* Co-production with Parent/carers and service design needs to be improved
* Accessing the right support before crisis
* Meeting the criteria for the service
* Length of time to diagnosis for ASD
* Positive outcomes reported once in PALMS
* Support for siblings was reported as a need

Differences in the length of time to access the provision:

There were inconsistencies in the length of time taken for the service to respond to the family to offer an initial assessment and follow up treatment. The biggest frustration reported by parent/carers was the length of time it took to access the right support and intervention.

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| *‘PALMS have been a breath of fresh air. They all "get it" and really support my daughter well. Their support in converting to EHCP has been invaluable as the focus is now firmly on my daughter’s autism rather than the behaviours she has exhibited in the past’.*  *I feel that PALMS was the first agency to take the whole family into account. They listen to everyone in the home to help us all not just my son.*  *A member of the team came with me to the TAFs at school and explained my daughter’s condition and how to support her.*  *More advice, things to try at home, there needs to be links with home and school his behaviour was because of school, so needed help for that at same time as help at home. Both needed combined action, somebody looking at both places.*  *Referred in Dec 15, first appointment March 16, workshop July 16 and still no actual support from anyone. And we are not coping at all!*  *To have been able to access the service more quickly - we were at crisis point by the time we did.*  *Had to wait 3 months for 1st appt and then 4 months for workshop and then 2 months for 1st visit.* |

**8.4 Parent/Carer Organisations: Voluntary sector**

We spoke to 3 parent/carer organisations that all highlighted the growing demand for support for this cohort of CYP and their families. The key themes were:

* Overwhelming need for support, providers are not able to keep up with demand.
* Popularity of the groups and support networks provided by the voluntary sector was evidenced in the parent carer survey returns.
* Consideration that co-morbidity needs to be taken into account, many of these CYP have co-occurring conditions such as ADHD as well as ASD and Learning Disabilities and behaviour that challenges.
* Support for Siblings
* Early intervention was reported as key and needs to be strengthened.
* Providers were very keen to work in partnership with statutory organisations and didn’t feel that they were always considered a partner.
* Key agencies have a wealth of support, skills and knowledge to offer and should be seen as equal partners in the delivery of provision.
* Co-production and redesigning of service delivery needs to be strengthened
* Parent/carer agencies reported that PALMS had a significant impact on the outcomes for the families that they worked with.
* Earlier intervention parenting programmes are needed (i.e. sleep programmes).

**9.0 Similar services to PALMS across the country**

The Tizard review identified a small number of similar services to PALMS across the country and has recommended that PALMS takes the lead nationally. There are few if any that replicate the service that PALMS provides in Hertfordshire and indeed the Tizard review highlighted that PALMS is doing some ‘ground breaking work’ for this cohort of CYP/Families. Commissioners contacted some of the services and found that the majority of the other services delivered to cohorts who had a diagnosis of a learning disability and did not deliver to CYP who had a sole diagnosis of Autism. Many of these services were very small and typically delivered to up to 15 CYP with highly complex needs.

**10.0 Key findings and outcomes:**

Delivering against service specification:

Assessment of how the service is delivering against the service specification:

10.1 **To provide improved and timely access to provision:**

PALMS initially were offering timely access to provision, however difficulties with challenges in the tender timeframes, inheriting 2 services’ caseload and recruitment of key staff has been a challenge and continues to be a challenge. Although the timescales (1 week) to triage is being met, the length of times to initial assessment (28 days) and treatment (14 days following IAA) is now a key issue for the service, leading to dissatisfaction amongst parent/carers, families and stakeholders. The parent/carer survey in particular demonstrated inconsistencies in timescales to access provision which is concerning. The Tizard review recommended that benchmarking with similar services is needed and having similar timescales as mainstream CAMHS provision is not necessarily appropriate for this cohort of CYP who often have co-occurring complexities.

10.2 **Improved outcomes for families**

The Tizard review carried out by Dr Peter Baker was impressed with the outcome measures that the service uses to evidence impact on families. The service provides robust reporting on outcomes on a quarterly basis demonstrating the improvements (clinical) and improvements reported by families. This is strength of the service; indeed the discharge audit demonstrated positive outcomes for CYP and their families.

10.3 **Improve the use of resources**

Evidence of improvement in resources (i.e. prevention of out of county placements, etc.) has been more difficult to evidence. The Tizard review concluded that this is likely to be demonstrated years down the line (adult services) and that a whole system approach is required to measure the cost savings to the system. The reduction in the number of admissions to inpatient care (as reported by NHS England) points to evidence that having a specialist service in the community for this cohort of CYP/Families is helping to support families in their communities and prevention of inpatient admission.

10.4 **Experiences of CYP and families**

The review has demonstrated a mixed view of experiences for parent/carers and families. Some families report high satisfaction levels with good outcomes for their child. However a number of families (on-line survey) reported dissatisfaction, both in the length of time that it took for them to access treatment and in the quality of interventions that were delivered.

The qualitative information (quarterly monitoring reporting) provided by the service however evidences high levels of satisfaction which is also backed by the high scores in the Families and Friends Test, high number of compliments in contrast to the low number of reported complaints.

**11. Recommendations: The recommendations are set out below based on short-term (from April 2017) and longer-term recommendations**

11.1 Short-term

Current pressures and support for parent/carers in the interim. Currently there are 159 families waiting for an initial assessment and/or treatment (December 2016)

* PALMS will work in partnership with ADD-vance to offer additional courses and individual coaching sessions to families currently waiting for an initial assessment and treatment.
* PALMS will work in partnership with the Challenging Behaviour Foundation (introduced through the Tizard Centre) and local parent/carer groups to deliver Positive Behaviour Support Training.
* PALMS will continue to source interim staff to meet the current demand whilst waiting for new post-holders to commence. PALMS will continue to be inventive in their recruitment strategy.

11.2 From the 1st April 2017 the current service specification will be amended as follows:

* Second opinions will no longer be carried out by the service due to the reasons noted in the Tizard review.
* The timescales for access to provision will be amended to enable the service to realistically meet the needs of the CYP:
  + Triage will need to continue to happen in a timely manner (within one week)
  + Those CYP identified has requiring the crisis/intensive pathway will be responded to within 48 hours
  + Initial assessment and start to treatment will commence within 8 weeks of the date of referral
* PALMS will develop a plan which sets out how they will work in partnership with Parent/Carer organisations around service design and delivery including an annual survey.
* PALMS will evaluate the outcomes of the workshops and parent groups to evidence impact.
* PALMS will improve communications with referrers and families to improve clarity of criteria and service offer.
* PALMS will work jointly with HPFT CAMHS to address the confusion of pathways relating to reasonable adjustments including joint trusted triage and assessment to reduce the number of CYP/families being bounced between services.
* PALMS will take into consideration the findings of the Tizard review undertaken by Dr Peter Baker:
* Improving service user engagement and capturing experiences of Service users and families

11.3 Neurodevelopmental pathway:

* Significant improvement in pathways is needed to ensure early support and diagnosis of ASD and/or ADHD
* Outcomes and plans regarding commissioning of a county-wide Neurodevelopmental pathway will need to consider the role of PALMS for future service delivery

11.4 Longer Term Actions

**A whole system approach to Challenging Behaviour Support:**

The review clearly identified that there needs to be improvements in the whole system of services/pathways available for this cohort of CYP and families with clarity on both pathways and the “offer” from early childhood through to adulthood. The following are recommendations that need to be made across services, systems and commissioning.

* Multi-disciplinary working using a Positive Behaviour Support approach to be offered across the pathway (Map what is currently offered, identify gaps and commission with Local Authority).
* Early identification and support for CYP/families within this cohort in the early years (0-5).
* Paving the way – Path to better outcomes (whole system approach to improving pathways for CYP using the national toolkit to support this approach).
* Commissioners and local services work together with a whole life perspective and a shared understanding as this crucial to the future life course of young people and their families.
* Integrating pathways, especially in relation to the offer to schools (education) and exploring opportunities for aligning with support into schools (Autism Advisory Team in Education).
* Identify a care provider(s) of domiciliary care and train them in positive behaviour support.
* Mapping current parenting provision for this cohort of CYP, identify gaps and joint commission appropriate provision.

Decisions need to be made on whether this wider work should sit under CAMHS Transformation, the Transforming Care Agenda or another workstream.

***11.5 Promoting PALMS as a National Best Practice Model***

The review from Peter Baker of the Tizard centre praised PALMS as a model of best practice which should be more widely publicised. This would encourage staff to join the service and so reduce recruitment issues. Particular actions were to:

* Explore the opportunity of raising profile of PALMS through joining or leading a National network of similar provision as identified by the Tizard Centre.
* Develop links with appropriate University to enable students to access PALMS workforce for development/training opportunities (ABA) and improving recruitment/retention opportunities.
* PALMS to apply to be part of the challenging behaviour foundation – CBS NG.

***11.6 The Lenehan Review***

The Lenehan Review – ‘These are our children’ was published on 26th January 2017. The review by Dame Christine Lenehan was commissioned by the Department of Health into the care of disabled children and young people with challenging behaviour and complex mental health needs. PALMS is just one service that contributes to the care of this group of children and young people so the local response to the review needs to be much broader than PALMS. The Stakeholder session on the 27th January identified actions which Commissioners will be taking forward.

* Consider the recommendations made in the Lenehan review and develop a joint strategy across health, education and social care.
* Care and Treatment Reviews; replicate this across education and social care to prevent admission to out of county residential placements.

**12. Conclusion**

12.1 The review of PALMS indicates that the service is meeting the majority of the expectations outlined in the service specification. There are a number of recommendations outlined in this report which will help to improve the pathway for CYP with Autism/LD and/or behaviour that challenges/mental health conditions. Some of the recommendations relate directly to PALMS and others relate to the wider pathway, where joint integrated responses and actions are required from Health, Education and Social Care (Lenehan Review) and development of a coherent ‘Positive Behaviour Strategy’ across the whole pathway and into adulthood.

12.2 The Tizard review concludes that PALMS operates with a clear family centred model and has made great strides in creating a coherent, equitable and transparent care pathway. The service would appear to be supportive to the families who use it and, in the main, generate good outcomes for the children.

12.3 There are a number of recommendations from the review for PALMS itself to ensure that the service delivers support as effectively as possible to as many children and young people as possible within the current financial envelope. However the review has highlighted that there is a gap for earlier intervention for families and further consideration needs to be given to provide a whole system approach for this cohort of families and children:

**‘Evidence-based early interventions**, delivered locally, can reduce behavioural problems and improve the well-being of children and their families. They can also deliver considerable savings in the long term care costs for an individual, reducing the need for residential placements and contributing to much improved outcomes’.

12.4 In order to address the whole system approach, it is essential that Hertfordshire has a clear multi-agency pathway including:

* Assessment, diagnosis and early intervention for individual children from 0 to 5 (Early years) through a coordinated multi-agency approach
* Identify problems early and respond rapidly using an integrated, multi-disciplinary approach to ensure all needs are met
* Provide evidence-based parenting programmes to help parents to support their child in the best possible way
* Establish a local positive behavioural support service, working across homes and school
* Develop a local approach to crisis prevention so children can stay nearby if there is a crisis

**13. Appendices**

**Appendix 1: Tizard review – Dr Peter Baker, University of Kent**

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**Appendix 2: Infographic: ‘PALMS activity and outcomes’**

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**Appendix 3: Infographic: ‘Key themes from stakeholder engagement’**

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**Appendix 4: PALMS Messages of Hope and Case Studies**

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**Appendix 5: Cohort of CYP accessing PALMS**

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**Appendix 6: Stakeholder session (27th January 2017)**

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